



**Report Identification Number: NY-20-085**

**Prepared by: New York City Regional Office**

**Issue Date: Mar 09, 2021**

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



## Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation	ASTO-Allowing Sex Abuse to Occur	



## Case Information

**Report Type:** Child Deceased  
**Age:** 4 month(s)

**Jurisdiction:** New York  
**Gender:** Male

**Date of Death:** 09/22/2020  
**Initial Date OCFS Notified:** 09/22/2020

## Presenting Information

The SCR report alleged that on 9/22/20, the SF fed the SC and placed him down in his bassinet for a nap around 9:30 AM. The SF left the home shortly after and left the SC in the care of the MGM. The SF was gone from the home for approximately 20 minutes to go to the grocery store. Upon the SF returning, he heard the other CHN 6-yo male, 7-yo male and 3-yo female making a lot of noise in the home and went to check on the SC. The SF found the SC, still in his bassinet, and he was bluish in the face. The SF immediately started CPR. The SF called 911 and EMS responded and continued CPR. The SC was pronounced deceased upon arrival to the hospital. The SC was otherwise healthy and the grandmother and SF had no explanation as for how or why the SC passed away.

## Executive Summary

The 4-month-old male child (SC) died on 9/22/20. As of 2/16/21, NYCRO had not received a copy of the ME's report.

The SF had three other minor CHN who did not reside with him: a 17-year-old and a 9-year-old, who each resided with their mothers. The SF had another minor male child who resided out of the country. The BM had a 15-yo male SS who resided with the father through a family arrangement.

The SC had no pre-existing medical condition. ACS learned that on 9/22/20, the mother left for work in the morning. SF fed the SC at about 8:30 AM and put him down for a nap at about 8:45 AM. He laid the SC on his stomach with his head facing the left side. The SC's head was on an adult size pillow. This was how the SF always placed the SC to sleep. After he laid the SC down, he began cleaning the home but had to leave the home to buy cleaning supplies. He went to the MGM's room and asked her to watch the SC and the three SSs. SF went to the store at about 11:15 AM and returned at about 11:40 AM. When he arrived home, he heard the three SSs making noise. SF could not hear the SC and assumed he was still asleep. He checked the SC and saw the SC looked pale and blue. He then attempted CPR and was unsuccessful. He yelled for the MGM and told her the SC was not breathing. The MGM called 911.

On the day of the incident, the BM left for work at 7:45 AM. BM received a call from the SF at 12:00 PM informing her the SC was not breathing. BM went home and arrived when EMS was present. BM and SF went to the hospital while MGM stayed in the home with the SSs.

According to the MGM, the SF asked her to watch the CHN while he went to the store. SF left the home to go to the store at about 11:15 AM. While he was at the store, she stayed in the living room with the CHN. MGM told the three SSs to stop making noise as the SC was sleeping. SF returned from the store at about 11:40 AM and she returned to her bedroom. The three SSs were in her bedroom too. A couple of minutes later, the SF yelled the SC was not breathing. She exited the bedroom and told the three CHN to stay in her bedroom. MGM saw the SF perform CPR to the SC and she called 911.

On 9/24/20, ME reported that according to the SF, he placed the SC in the bassinet on his stomach with his head facing to the left side. When he returned, he saw the SC's face was not facing the left side and was in the pillow. There was no evidence of physical trauma. The SC's fingernails and toenails were long and not thoroughly cleaned. The fold of his neck was also not thoroughly cleaned. There were areas of hemorrhage in the heart and smaller patching areas of hemorrhage in the lungs. This was most likely due to CPR that was administered. The ME awaited test results. Later, the ME said the cause of death was still pending.



On 9/30/20, ACS opened a service case. It was closed on 1/15/21. ACS completed an initial FASP and a FASP dated 1/4/21.

On 10/5/20, a conference occurred. The outcome was no court intervention. The parents declined services.

On 1/13/21, ACS obtained a legal consultation in which there was not enough information available to determine if there was a basis to file a petition in court. Without more information from the final autopsy, there was no indication the parents or MGM's actions contributed to the death. ACS was to contact Family Court Legal Service (FCLS) once the final autopsy was available.

On 1/14/21, ACS unsubstantiated the allegations of DOA/Fatality and IG of the SC by the SF and MGM on the basis there was no credible evidence to support the substantiation of the allegations. After speaking with the ME about the preliminary findings, there was no evidence of physical trauma to the SC. The MGM did not have any care taking responsibilities for the SC. SF met the needs of all his CHN.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
  - **Approved Initial Safety Assessment?** Yes
  - **Safety assessment due at the time of determination?** Yes
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** Yes

### Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** Yes, sufficient information was gathered to determine all allegations.
- **Was the determination made by the district to unfound or indicate appropriate?** Yes

### Explain:

NA

**Was the decision to close the case appropriate?** Yes

**Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements?** Yes

**Was there sufficient documentation of supervisory consultation?** Yes, the case record has detail of the consultation.

### Explain:

The level of casework activity, which includes contact with the family and others from the receipt of the report through case conclusion was commensurate with the case circumstances.



## Required Actions Related to the Fatality

Are there Required Actions related to the compliance issue(s)?  Yes  No

<b>Issue:</b>	Timely/Adequate Seven Day Assessment
<b>Summary:</b>	The Seven Day safety assessment of 9/29/20 was inadequate. The comment regarding the MGM being a recovering drug addict and was allegedly in methadone treatment did not reflect the negative impact on her ability to provide care.
<b>Legal Reference:</b>	SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)
<b>Action:</b>	ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.
<b>Issue:</b>	Timely/Adequate 24 Hour Assessment
<b>Summary:</b>	The 24-Hour safety assessment was not completed timely as it was not completed until 9/24/20. It was also inadequate as there were comments that did not support the selected safety factor.
<b>Legal Reference:</b>	SSL 424(6);18 NYCRR 432.2(b)(3)(i)
<b>Action:</b>	ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.
<b>Issue:</b>	Timely/Adequate 30-Day Safety Assessment
<b>Summary:</b>	The 10/22/20 safety assessment was inadequate. The comment did not support the selected safety factor as it did not reflect the SF's clinical health issue negatively impacted his ability to supervise, protect, and/or care for the CHN.
<b>Legal Reference:</b>	CPS Program Manual, Chapter 6, K-2
<b>Action:</b>	ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.
<b>Issue:</b>	A 24-hour Fatality Report is required to be completed in CONNECTIONS within 24 hours of receipt of a report alleging the death of a child as a result of abuse or maltreatment.
<b>Summary:</b>	The 24-Hour Child Fatality Summary Report was not completed timely. It was not completed until 9/24/20.
<b>Legal Reference:</b>	CPS Program Manual, Chapter 6, K-1
<b>Action:</b>	ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.
<b>Issue:</b>	Timely/Adequate Case Recording/Progress Notes
<b>Summary:</b>	Notes were not entered contemporaneously as there was an event on 9/23/20, but it was not entered until 12/7/20.



<b>Legal Reference:</b>	18 NYCRR 428.5
<b>Action:</b>	ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.
<b>Issue:</b>	Contact/Information From Reporting/Collateral Source
<b>Summary:</b>	The documentation did not reflect ACS interviewed the MGF who resided in the home with the BM and MGM.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(3)(ii)(b)
<b>Action:</b>	ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.
<b>Issue:</b>	Adequacy of services following the fatality
<b>Summary:</b>	Documentation did not reflect burial assistance\funeral arrangements were offered to the family.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(4);428.6
<b>Action:</b>	ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 09/22/2020

**Time of Death:** 12:45 PM

**Time of fatal incident, if different than time of death:**

11:49 AM

**County where fatality incident occurred:**

New York

**Was 911 or local emergency number called?**

Yes

**Time of Call:**

11:55 AM

**Did EMS respond to the scene?**

Yes

**At time of incident leading to death, had child used alcohol or drugs?**

N/A

**Child's activity at time of incident:**

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

**Did child have supervision at time of incident leading to death?** Yes

**At time of incident supervisor was:** Not impaired.

**Total number of deaths at incident event:****Children ages 0-18: 1****Adults: 0****Household Composition at time of Fatality**

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Aunt/Uncle	No Role	Male	36 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	4 Month(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	58 Year(s)
Deceased Child's Household	Grandparent	No Role	Male	74 Year(s)
Deceased Child's Household	Mother	No Role	Female	40 Year(s)
Deceased Child's Household	Sibling	No Role	Male	6 Year(s)
Deceased Child's Household	Sibling	No Role	Female	3 Year(s)
Deceased Child's Household	Sibling	No Role	Male	7 Year(s)
Other Household 2	Sibling	No Role	Female	17 Year(s)
Other Household 3	Sibling	No Role	Male	9 Year(s)
Other Household 4	Father	Alleged Perpetrator	Male	45 Year(s)
Other Household 5	Sibling	No Role	Male	15 Year(s)

**LDSS Response**

On 9/22/20, LE reported there was no indication of anything criminal and the incident seemed to be an accident. LE surmised the SC may have suffocated from the fluffiness of the pillow. The SC had no marks or bruises, but there was lividity attesting to the position in which the child had been sleeping. LE said the accounts of the SS were consistent with the parents' accounts. LE indicated that based on video from the building the father was gone to the store for 16 minutes.

On 9/22/20, the Specialist attempted to interview the Maternal grandparents. The MGM told ACS the SC was lying on his stomach at about 11:15 AM, and the MGF was asleep at the time of the visit.

On 9/22/20, the SC's parents reported the SF did not reside in the home but visited the children there. According to the parents, the BM went to work and at about noon, the SF called and told her the SC was unconscious, and she needed to return home. The mother went home and arrived when EMS was there. She then went to the hospital where she was told the child was dead. The parents were familiar with safe sleep.

SF said he arrived at the home from the PGM's home between 5:00 AM and 6:00 AM to care for the CHN. He fed the SC at 8:30 AM prior to the BM leaving for work and put him down for a nap at about 8:45 AM. He wanted to clean the home from the party they had for the 6-yo SS over the weekend. He left the CHN with the MGM at about 9:15 AM while he went to the store to buy Clorox and soap and returned at about 9:35AM. He checked on the SC 20 minutes prior to going to the store and he looked fine. When he returned, the CHN were playing; the MGM was sitting in the chair. When he checked the SC, he was pale. The father said he picked up the SC and called out for someone to call 911. The SF said he had put the SC to sleep on his stomach with his head on a regular size pillow. SC's head was turned sideways while he slept. SF declined for the CHN to be interviewed at the CAC. He said the CHN were not present in the room.

ACS attempted to speak with the 3-yo SS, but SS went back to sleep. The 7-yo SS said the SC went to sleep, choked on his vomit, his head was not moving, and he died. The child added the SF tried CPR. The 6-yo SS said the SC stopped



breathing and died. ACS discussed with the parents that based on the MGM's presentation it would not be advisable to use her as a caretaker.

On 9/23/20, ACS visited the home of the 15-yo SS. The SS said he went to the home on 9/18/20 to 9/21/20 to celebrate a birthday. The SC seemed healthy and well.

On 9/30/20, ACS visited the home of the 9-yo SS who said he got along well with the SF and his siblings. Later, ACS visited the home of the 17-yo SS who said she mostly spoke with the SF by phone.

On 10/15/20, ACS received information regarding the SF from his service provider. SF had clinical health issues and was prescribed medications. SF complied with his service plan.

On 1/14/21 ACS unsubstantiated the allegations of the report. The report was unfounded.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Pending

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

### Multidisciplinary Investigation/Review

**Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?**Yes

**Was the fatality reviewed by an OCFS approved Child Fatality Review Team?**No

**Comments:** There is no OCFS approved Child Fatality Review Team in the NYC region.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
056248 - Deceased Child, Male, 4 Mons	056251 - Grandparent, Female, 58 Year(s)	DOA / Fatality	Unsubstantiated
056248 - Deceased Child, Male, 4 Mons	056251 - Grandparent, Female, 58 Year(s)	Inadequate Guardianship	Unsubstantiated
056248 - Deceased Child, Male, 4 Mons	056250 - Father, Male, 45 Year(s)	DOA / Fatality	Unsubstantiated
056248 - Deceased Child, Male, 4 Mons	056250 - Father, Male, 45 Year(s)	Inadequate Guardianship	Unsubstantiated

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Alleged subject(s) interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Members	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

Notes were not entered contemporaneously as there was an event on 9/23/20, but it was not entered until 12/7/20. ACS did not interview the MGF.

**Fatality Safety Assessment Activities**

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	-------------------------------------	--------------------------

**Fatality Risk Assessment / Risk Assessment Profile**

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain:**  
On 10/5/20, a conference occurred and the parents declined services.

### Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain as necessary:**  
The documentation reflected that the SS's were not removed from the home.

### Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.

### Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



<b>Homemaking Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Parenting Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Early Intervention</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alcohol/Substance abuse</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Child Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Intensive case management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

**Other, specify:** preventive services

**Additional information, if necessary:**

The parents sought bereavement counseling on their own. Documentation did not reflect burial assistance\funeral arrangements were offered to the family. Documentation reflected ACS ordered beds for the 7-yo, 6-yo and 3-yo SSs.

**Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes**

**Explain:**

Documentation reflected ACS ordered beds for the 7-yo, 6-yo and 3-yo surviving siblings. Documentation reflected the 7-yo and 6-yo surviving siblings received services and counseling at school.

**Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No**

**Explain:**

The parents sought bereavement counseling on their own. Documentation did not reflect burial assistance\funeral arrangements were offered to the family.

## History Prior to the Fatality

### Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? N/A
- Was the child acutely ill during the two weeks before death? No

### Infants Under One Year Old

**During pregnancy, mother:**

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs



**Infant was born:**

Drug exposed

With fetal alcohol effects or syndrome

With neither of the issues listed noted in case record

## CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
09/24/2019	Sibling, Male, 5 Years	Father, Male, 44 Years	Excessive Corporal Punishment	Unsubstantiated	Yes
	Sibling, Male, 5 Years	Father, Male, 44 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

The 9/24/19 report alleged the 5-yo SS had a history of outbursts both at home and school. Yesterday, 9/23/19, the 5-yo SS was sent home early from school due to bad behavior. As punishment, the SF hit the SS and he intentionally and repeatedly stepped on the SS's hand, causing pain to the SS. SF's actions were excessive. It was unknown whether the 5-yo SS sustained any marks or injuries as a result of this incident.

**Report Determination:** Unfounded

**Date of Determination:** 11/23/2019

**Basis for Determination:**

There was no credible evidence to Sub. The 5-yo SS had a clinical condition and was on a school schedule that ended at 11:20 AM. The 5-yo SS had a reassessment in order to include a safety paraprofessional. It was also reported the 5-yo SS had said things that were not necessarily true. There were no reports of the CHN being hit. There were no signs of injury on the 5-yo SS body. It was reported the 5-yo SS stated the SF stepped on his hands when he misbehaved. The 5-yo SS reported the SF gave him candy. ACS observed that the skin was peeling on one of his fingers. The 5-yo SS said it occurred by him biting and performed the motion of how he bit it. There was no bruising observed.

**OCFS Review Results:**

BM said the 5-yo SS had a clinical health issue and tended to exaggerate. BM reported the 5-yo and 6-yo SS had behavioral issues. They were trying to find a new school for him. BM was told by school staff the 5-yo could only be in school half the day. BM had a 14-yo male CH that resided with his father through a family arrangement. On 9/24/19, the 5-yo told ACS his hand did not hurt; his knee was hurting. He denied that someone stepped on his hand. He was observed kneeling and using his hands. The SF denied ever hitting the CHN and did not step on the child's hand. Notes reflected the BM requested a re-evaluation of the 5-yo. Service provider said she was working with the family.

**Are there Required Actions related to the compliance issue(s)?**  Yes  No

**Issue:**

Timely/Adequate Case Recording/Progress Notes

**Summary:**

During the 9/24/19 investigation, the documentation reflected that on 9/24/19, the child, 5-yo SS, was interviewed/observed. However, the child's account reflected the 2-yo SS. The notes reflected that on 9/24/19, an unidentified CH, was interviewed/observed; the CH was a newborn. However, according to the child's account, the child was interviewed, but the interview reflected it was the 6-yo SS.

**Legal Reference:**

18 NYCRR 428.5

**Action:**

ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

**Issue:**

Contact/Information From Reporting/Collateral Source



**Summary:**

Although the Investigation Progress Notes reflected the MGM and MU resided in the home, the documentation did not reflect that the MGM or the MU were interviewed.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(ii)(b)

**Action:**

ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
10/03/2018	Sibling, Male, 5 Years	Mother, Female, 38 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Male, 5 Years	Father, Male, 43 Years	Excessive Corporal Punishment	Unsubstantiated	
	Sibling, Male, 5 Years	Father, Male, 43 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 5 Years	Father, Male, 43 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

**Report Summary:**

The 10/3/18 report alleged the SF hits the 5-yo SS repeatedly with a belt as a form of punishment. It was unknown whether the 5-yo SS ever sustained marks or bruises as a result of the SF's excessive actions. BM had intentionally put a pillow over the 5-yo SS, making it hard for him to breathe, and causing him to kick the BM to get free. SF drank excessive alcohol and staggered around the home, knocked things over while the 5-yo SS was present. SF once got angry at the 5-yo SS and tried to stab him with a kitchen skewer. Someone was able to intervene to protect the 5-yo SS.

**Report Determination:** Unfounded

**Date of Determination:** 12/05/2018

**Basis for Determination:**

ACS received no concerns regarding the SF being under the influence of drugs or alcohol from collateral accounts. Throughout the investigation there was no evidence at this time to determine the allegations. The 5-yo SS did not disclose to ACS any physical abuse from the BM.

**OCFS Review Results:**

BM said she knew the CHN needed more discipline but her and the SF did not hit the CHN. She denied her or the SF used drugs or drank alcohol. The family had to leave the home they resided in due to rental increase and were currently residing at the PGM and MGM's home. SF denied the allegations. The 5-yo SS denied the SF hit him. He said the SF chopped him and he took his left hand flat and hit his neck. The SS had no bruising or scarring. On 12/4/18, SS was interviewed at the CAC. SS said the BM did not hit him; the SF hit him with an open hand on his butt or hand. SF said he only scared SS with the belt. ACS opened a service case on 12/1/18 and closed it on 2/6/19.

**Are there Required Actions related to the compliance issue(s)?**  Yes  No

**Issue:**

Pre-Determination/Supervisor Review

**Summary:**

The Investigation Conclusion Narrative was not completed correctly. ACS Unsub the allegations; however, the narrative was recorded in the Sub area.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(v)

**Action:**

ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

**Issue:**

Contact/Information From Reporting/Collateral Source

**Summary:**

The documentation did not reflect the PGM was interviewed during the investigation.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(ii)(b)

**Action:**

ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

**CPS - Investigative History More Than Three Years Prior to the Fatality**

There was no CPS investigative history more than three years prior to the fatality.

**Known CPS History Outside of NYS**

There was no known CPS History outside of NYS.

**Preventive Services History**

A Family Service Stage (FSS) was opened on 3/22/17 as an Advocates Preventive Only (ADVPO) case. The family requested services which included housing services, casework counseling, community advocacy, and clinical health services. It was closed on 5/14/18.

During the 10/3/18 investigation, ACS opened an FSS on 12/1/18. The initial and only FASP reflected that a service case was opened due to concerns regarding the SF using excessive corporal punishment and having a substance abuse disorder. The SF abused alcohol while in the home and the CHN were present. The family service plan included case management services for the BM and the 7-yo, 6-yo and 3-yo. The Family Service Progress Notes (FSPN) reflected the SF and BM declined PPRS as they already had preventive services. ACS received confirmation that the 7-yo had completed a clinical health evaluation and received appropriate services. The agency confirmed working with the family to enroll in a parenting program. ACS received confirmation from the family's preventive worker from a community program that the family was receiving parenting skills, family works and advocacy services. ACS closed the FSS on 2/6/19.

**Legal History Within Three Years Prior to the Fatality**

**Was there any legal activity within three years prior to the fatality investigation?** There was no legal activity

**Recommended Action(s)**



Are there any recommended actions for local or state administrative or policy changes?  Yes  No

Are there any recommended prevention activities resulting from the review?  Yes  No